Mississauga Halton **LHIN**

Championing the optimum health care experience

Annual Report: Our Report to the Community 2008/2009

Ontario

About the Mississauga Halton LHIN

The Mississauga Halton Local Health Integration Network (LHIN) plans, coordinates, integrates, funds and monitors 77 local health service providers including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre.

We work with others both within and beyond the LHIN's geographic borders to shape a responsive local health system that meets the needs of people living and working in the communities of Mississauga, Oakville, Milton, Halton Hills and South Etobicoke.

We are guided in our collaborative efforts by an Integrated Health Service Plan (IHSP) 2007-2010 that outlines the local health care priorities for these communities as well as provincial priorities set by the Ministry of Health and Long-Term Care.

We are committed to working with our health service providers and our communities to create the best possible local health system to meet everyone's needs.

Our Mission

To lead health system integration for our communities

Our Vision

A seamless health system for our communities – promoting optimal health and delivering high quality care when and where needed

Our Values

Innovation	We explore and support imaginative initiatives and solutions
Integrity	Our actions and words reflect honesty, integrity and good judgment
Accountability	We will routinely evaluate our judgments and decisions
Partnership	We will work in partnership with our community, health service providers and the provincial government
Respect	We will actively listen and work together with dignity and consideration
Holistic Approach	Our work will reflect and recognize the connection between the body, mind and spirit

Modeling collaborative teamwork across the LHIN

Message from the Chair and CEO

"Alone we can do so little. Together, we can do so much."

Helen Keller

That quote speaks volumes when it comes to articulating what has transpired in the Mississauga Halton LHIN over the past year. As we prepare to enter the third and final year of our current Integrated Health Service Plan (IHSP), we can't help but be inspired by the level of collaboration we've seen within the LHIN during the past twelve months.

Mutual respect is the hallmark of our working relationship with local health service providers at the governance, senior leadership and management levels. We are partners in action, all working towards a common vision to deliver high quality care in our communities when and where needed. And therein lies the reason why we have been able to move forward with great success this past year in addressing some of the most pressing challenges facing healthcare today.

LHINs across Ontario agree that addressing emergency wait times and alternate level of care days (ALC) in our acute care hospitals are pressing provincial challenges that require innovative solutions. In the Mississauga Halton LHIN proactive ALC initiatives including Wait at Home, Stay at Home, Home First, Geriatric System Navigation, Restore and Supports for Daily Living, are generating encouraging results. Investment in additional transition care beds at Trillium Health Centre and Halton Healthcare Services is improving access to acute care inpatient beds.

Overall, our wait times for priority procedures have exceeded provincial expectations, with improved performance evident across the LHIN. This is a reflection of the tremendous efforts that have been made by hospitals to achieve provincial targets for cancer surgery, cardiac bypass procedures, cataract surgery, hip replacements and knee replacements.

We continue to track our first year investments in the Aging at Home Strategy. A significant portion of these funds was allocated to programs and services that enable seniors to remain living independently in their own homes. As we work to evaluate the effectiveness of these initial investments, we are preparing to launch the next round of investments to address needs identified by seniors and their caregivers.

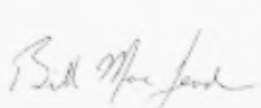
Over the past year, we allocated over $1 billion in provincial funding to local health service providers. We signed Multi-Sector Accountability Agreements with 12 mental health and addiction providers, 36 community support service providers and the Mississauga Halton Community Care Access Centre. We invited local provider boards to actively participate in this process by passing resolutions that acknowledged their understanding of the agreements. These agreements have led to a new era of accountability, transparency and system performance.

While our local health system is complex and improvements take time, what health service providers across the LHIN consistently demonstrate is their ability to adapt and quickly respond to the changing needs of our residents.

Our collaborative efforts are generating tangible results including improved access to services and improved health care outcomes, as evidenced by some of the stories featured on the following pages.

It is in these stories that we find our greatest inspiration. As we refresh our IHSP in preparation for the next three years, we look forward to continuing our work with government, health service providers, primary care providers, municipalities, community organizations, and local residents as together we champion creation of the optimum health care experience.

John Magill
Board Chair
Mississauga Halton LHIN



Bill MacLeod
CEO
Mississauga Halton LHIN

Leading by example

The Mississauga Halton LHIN Board of Directors

John Magill, Chair
June 9, 2008 to June 8, 2011
(first appointed June 1, 2005)

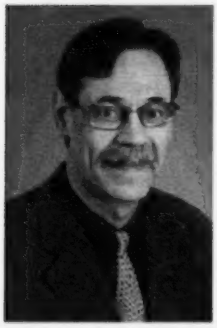
Norman Murray, Vice Chair
January 5, 2008 to January 4, 2011
(first appointed January 5, 2006)

Enola D. Stoyle, Secretary
June 9, 2008 to June 8, 2010
(first appointed June 1, 2005)

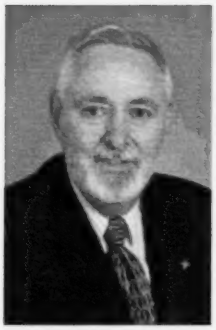
Brij Chadda, Member
June 17, 2007 to June 16, 2010
(first appointed May 17, 2006)

Caesar Cheng, Member
January 5, 2008 to January 4, 2011
(first appointed January 5, 2006)

Tim Costigan, Member
June 17, 2007 to June 16, 2010
(first appointed May 17, 2006)



Elliot Halparin, M.D., Member
June 9, 2008 to June 8, 2011
(first appointed June 1, 2005)



Edward R. Morris, Member
February 5, 2007 to February 4, 2010
(first appointed January 5, 2006)

Jane McCarthy, Member
May 17, 2008 to May 16, 2011
(first appointed May 17, 2006)

Managing expectations amid rapid population growth

The Mississauga Halton LHIN, while geographically compact, is located in one of the fastest growing areas in Canada. The 77 organizations that we fund serve over one million residents living in the communities of Halton Hills, Oakville, Milton, Misisssauga and South Etobicoke. Among them are hospitals, long-term care homes, mental health and addictions agencies, community support services and a community care access centre.

By 2013, the LHIN's population is slated to grow by another 10.7%, more than double the provincial average. Our LHIN also has a higher proportion of immigrants and visible minorities than the provincial average, contributing to an ethnically diverse and culturally rich landscape.

The effects of an aging population

The most significant population impact over the next 10 years is expected to be among 65-74 year olds, with an anticipated growth rate of 59.4%. Adults 75+ have made Mississauga Halton the second fastest growing LHIN region in the province for this age group. As our LHIN ages, it will place significant pressure on local health system resources emphasizing the need to proactively plan to meet the growing needs of an aging population.

Management of chronic diseases

Chronic conditions such as diabetes, asthma, heart disease, arthritis and high blood pressure dramatically affect quality of life and place an increased burden on health system resources. We can expect to see statistics in this area rise as our population ages, resulting in increased visits to family doctors and emergency departments. If not well managed, one chronic disease can lead to multiple others as people age. Those with multiple chronic conditions tend to have longer hospital stays, higher health care costs, increased mortality and higher hospital readmission rates.

Managing future health needs

Better coordination and integration of services, innovative approaches to health care delivery, effective management of existing resources and a heightened focus on preventative and wellness initiatives will continue to be important factors in building the appropriate infrastructure to manage our communities' health needs now and in the future.

Thinking like a health system

Our local health system is as unique as the needs of the people we serve. That's why the blending of knowledge is so powerful when health service providers within the LHIN come together to develop solutions to improve our healthcare system. And this past year, our providers have done that many times to improve a system that over one million people in our communities rely on.

Integration activities lead to improved access

Nowhere have our integration efforts been more evident than in the productive work of our three local hospitals. Facilitated by the LHIN, Credit Valley Hospital, Halton Healthcare Services and Trillium Health Centre agreed to a common set of principles governing their integration activities. This was quickly leveraged to create centres of excellence in four key clinical areas in vascular surgery, cancer surgery, chronic kidney disease and neurosurgery. The move is expected to build capacity within the LHIN as well as improve 24/7 coverage across the LHIN,particularly in terms of emergency response and off hours access.

Embracing community input

The LHIN embraced a number of opportunities to engage local residents in local health care planning this past year. An online survey and targeted one-on-one interviews were conducted with expectant mothers and new mothers across the LHIN to identify their needs. Community engagement sessions were also held with seniors, their families and circle of support to invite feedback into planning for seniors' services in the LHIN. A Survey for People with Diabetes was distributed to help inform the LHIN's diabetes strategy. These community engagement activities allow us to better target our strategies and make the most appropriate use of resources to meet community needs.

Engaging our Aboriginal and Francophone communities

In partnership with the five GTA LHINs, the Mississauga Halton LHIN met with Aboriginal leaders in March 2009 to secure guidance in planning future community engagement activities that are mutually productive and beneficial to all participants.

We continue to build key relationships within the Francophone community attending sessions targeted to the Francophone population, including making connections with new immigrants and attending the launch of *Our Health, Our Priority Project.* This is an initiative to allow for increased participation by the Francophone community in planning French-language services. We are among five GTA LHINs that have pooled our resources to strategize for the development of collaborative community engagement activities, where feasible.

Highlights of Some Key Accomplishments in 2008/09

- √ Success in building supports in the community for our frail seniors
- √ Advancement of LHIN-wide clinical services integration to improve patient care throughout the LHIN
- √ Improvements in system performance
- √ Integrating Mental Health and Addictions
- √ Building momentum for a LHIN-wide integrated diabetes strategy
- √ Engaging our primary health care providers to respond to system challenges

Joint venture leads to improved outcomes for heart attack patients

When John Hardiman felt pain in his back and arms in December 2008, little did the Milton man realize he was having a heart attack. However, thanks to paramedics arriving on the scene, and a new program in the Mississauga Halton LHIN called STEMI, the 43-year-old is expected to enjoy a full recovery.

STEMI, the acronym for ST-Elevation Myocardial Infarction, is a joint initiative between Halton Emergency Medical Services (EMS), Halton Healthcare Services and Trillium Health Centre and supported by the Mississauga Halton LHIN. When a Halton EMS advanced care paramedic (ACP) in the field identifies a patient with a heart attack that meets STEMI protocol criteria, the ACP consults with one of Trillium's four interventional cardiologists by phone. Patients who meet the criteria bypass their local hospital emergency department and, instead, are immediately transported to Trillium Health Centre, the regional cardiac centre, where they are taken directly to the Cardiac Catheterization Lab. Here a primary percutaneous coronary intervention (PPCI, formerly referred to as angioplasty) is performed.

"We know that if from the time that someone has chest pain to the time at which we have them here and the artery is open, if it's under 90 minutes, they will almost always have a complete recovery."

Dr. Randy Watson
Cardiologist
Trillium Health Centre
(as aired on CityNews/City-TV)

In John's case, Dr. Charles Lazzam, an interventional cardiologist, quickly identified the location of the blocked artery and inserted a balloon catheter and stent to open up the artery wall. Studies show that patients who undergo this emergency procedure experience higher survival rates and lower rates of stroke and repeat heart attacks. John was the program's first patient.

"This system worked well," says John. "Everybody was waiting for me. As soon as I arrived, people started working on me. My doctor in Milton is praising the program – the time saved means there is very little damage to my heart."

All patients presenting with the signs and symptoms of a heart attack are screened by Halton EMS for STEMI. The goal is to have the patient in the catheterization lab within 90 minutes of the onset of symptoms. Once patients have been stabilized by Trillium, they are then transferred to their local hospital where they are closer to family and friends. Plans are in place to expand the program into Peel in partnership with Peel EMS in the spring of 2009.

IHSP Priority: Improving Local Health System Performance

Provincial Priority: ER Wait Times

When it comes to improving patient outcomes, the STEMI approach to cardiac care reflects best practice in the treatment of heart attacks, surpassing outcomes achieved through clot busting medications often administered in emergency departments upon a heart attack diagnosis. The program was launched in December 2008.

STEMI also contributes to improving ER wait times because those who qualify bypass the emergency department and are immediately transported into the Cath Lab on a 24/7 basis. The anticipated number of STEMI volumes per year in Peel and Halton is targeted at 468.

Outcomes 2008/09

To date the program has successfully completed 17 STEMIs for Halton residents with 50 anticipated in the coming year.

Investing in appropriate level of care activities and improved emergency room wait times

At the forefront of LHIN activities has been a dedicated focus on appropriate level of care (ALC) activities and improved emergency wait times. Many of the investments made in ALC initiatives are contributing to more appropriate use of emergency departments by enhancing and increasing the capacity of community-based services. Several new initiatives were introduced this year through the collaborative efforts of health service providers, generating promising results:

- Geriatric System Navigation Program
- Restore Program (see p. 10)
- Home First
- Supports for Daily Living (see pages 8, 9)
- Enhanced home care services

Within a six month timeframe, the initiatives resulted in a 51% improvement in discharging patients home rather than having them admitted to long-term-care; there was a 15% reduction in the number of acute care ALC patients, and a 22.5% improvement in ALC patient days. With these new programs in place complementing earlier ALC initiatives, the Mississauga Halton LHIN was closing in on its ALC target of 9.8 percent by the end of this fiscal year.

Accomplishments - Centres of Excellence

Regional Vascular Surgery Program

With the successful creation of the regional vascular surgery program with Trillium Health Centre as the lead hospital, residents in our LHIN will benefit from improved care and will be able to access it sooner and reduce reliance on these patients having to go to Toronto for complex vascular surgery. Patients in all of our hospitals will be provided better care through an integrated program.

Regional Thoracic Surgery Program

Credit Valley Hospital has been designated as the lead in the development of a regional thoracic surgery program in collaboration with Trillium Health Centre and Halton Healthcare Services. An integrated thoracic surgery program will now create thoracic cancer surgery capacity in our community closer to home.

Supports for daily living

Helping seniors to continue living independently at home

Up until five months ago, Gracie Stewart was an active, independent senior, living in her own apartment in Oakville.

But last September, the 77-year-old widow fell and broke her leg. A trip to the emergency department turned into a two-month-plus stay at Oakville Trafalgar Memorial Hospital after it was discovered Gracie also had bone cancer. In a wheelchair with a cast on her leg, her mobility was now very limited.

Normally after such an accident and diagnosis, someone like Gracie would remain in hospital for a much longer period, waiting to be transferred to a long-term care facility. Gracie was fortunate a new program [in the Mississauga Halton LHIN] called Supports for Daily Living had just been created to help individuals such as her remain in their homes.

Gracie was discharged from hospital last December and returned to her apartment where personal support workers have been helping her with meals, bathing, laundry and light housekeeping.

"It's wonderful. I don't know what I would do without this now," she explains. "I suppose I would have to go to a nursing home, but it's kind of nice to be in your own place."

The program is funded by the Mississauga Halton LHIN. The province is in the process of expanding and creating more such services and already other

LHINs in Ontario are looking at the Oakville program with a view to replicating it.

The Oakville Senior Citizens Residence where Gracie lives began offering the Supports for Daily Living service last October. Angela Katunas, CEO of the facility, said the program has been incredibly popular. There are already 31 of Gracies' neighbours on the roster.

The program is staffed by 18 personal support workers and there are plans to hire seven more. It also offers medication reminders, security checks and 24/7 emergency response.[1]

[1] Excerpted from article "Program makes 'daily living' easier for seniors", by Theresa Boyle, February 12, 2009. Reprinted with permission - TorStar Syndication Services. Photo courtesy of Torstar.

Suzanne Wilson says the program has been a godsend to her family. Her 85-year-old father, Roy Wilson, has advanced dementia and his condition had been rapidly deteriorating until he became a client of the program. "He had lost his zest for life. These personal support workers (PSWs) have given him back his reason for living. I'm so grateful." As his dementia worsened, he began isolating himself in his apartment and not eating. But he has now gained 30 pounds and is much more social, she said. The workers escort him to the dining room every night for dinner and he now has a circle of friends.[1]

Roy Wilson is one of 31 of Gracie Stewart's neighbours who are already on the roster for the Supports for Daily Living service at Oakville Senior Citizens Residence. Plans are in the works to offer it to an additional 18 tenants living in the Lakeshore Road West apartment tower and to 30 seniors living in nearby condos and apartments.

IHSP Priority: Enhancing Seniors Health, Wellness & Quality of Life
Provincial Priority: Aging at Home/Alternate Level of Care (ALC)

Supports for Daily Living (SDL) is a publicly-funded community-based health care service that addresses a health system gap between CCAC services and long-term care. SDL providers support the ability of seniors and persons with a physical disability to continue living independently in their own home settings as long as possible, preventing premature admissions to long-term-care and unnecessary visits to the emergency department and unnecessary stays in hospital. SDL providers offer access to 24/7 personal support and/or attendant coverage that effectively meet a client's needs throughout the day.

Services are delivered to clients in their homes who live within designated geographical 'clusters' or 'hubs' within the Mississauga Halton LHIN. Services are also provided to clients who live in Supportive Housing buildings serviced by SDL providers. The Mississauga Halton LHIN is responsible for officially designating SDL providers based on their ability to meet approved standards for the delivery of high quality SDL services within the LHIN.

Outcomes - October 08 to March 09

ALC/ER Impact

12 ALC clients discharged from hospital into SDL
88 emergency department visits diverted
116 clients returned back to SDL following a stay in hospital

Long-Term Care Impact

6 clients discharged from LTC into SDL
74 clients diverted from LTC and into SDL
13 clients removed from LTC waitlist

Transitioning from hospital to home

Restore Program helps patients regain physical functioning

When 83 year old Nestor Lewycky had laser surgery at Trillium Health Centre to treat his bladder cancer, his wife knew that recuperation for him would be difficult given his age. It was clear he would need rehabilitation and special care before being physically well enough to return home, yet he no longer needed the level of care provided by the hospital.

Thanks to advice received from a case manager with the Mississauga Halton Community Care Access Centre (CCAC), Maria Lewycky and her husband discovered The Restore Program in a dedicated unit at the Mississauga Lifecare Centre, and their dilemma was quickly addressed.

"My husband has had two surgeries in the past six months and following both surgeries he was transferred to Restore," says Maria. "While there, he gained back his weight, became stronger and got back to his normal condition, allowing him to return home both times."

Maria was impressed with the care her husband received, praising the therapists and nursing staff for respecting her husband's dementia, and remaining persistent in keeping him to his therapy schedule. "The therapists are just wonderful, and the nursing staff is most helpful, providing individual care and assistance day and night."

Excerpt from Maria Lewycky's letter to the editor of the Mississauga News

May I take this opportunity to share with your readers a wonderful experience.

My husband required repeated surgeries to address a serious physical problem. Being elderly, it became increasingly difficult for him to recuperate after surgery.

The CCAC connected us with an ideal facility for my husband's needs and we were able to transfer him there and thus build him up to his normal pre-surgical condition.

The program is called Restore at Mississauga Lifecare Centre. It does exactly as it is named. It's a small facility, but it's a real GEM. Its excellence is unsurpassed.

I am eternally grateful for their help.
Yours truly,
Maria Lewycky

The Restore Program provides short term transitional care that supports a return to independent living following a stay in hospital. Patients work with an interprofessional health care team dedicated to helping restore the strength, endurance and physical ability needed to return to activities of daily living such as making meals, bathing and getting in and out of bed. The program offers a kitchenette and exercise/therapy space where patients can work on the skills they need for their return home. The average length of stay is four to six weeks.

IHSP Priority: Improving Local Health System Performance
Provincial Priority: Alternate Level of Care (ALC)

The Restore Program is a joint initiative of Credit Valley Hospital, Halton Healthcare Services, Trillium Health Centre, the Mississauga Halton Community Care Access Centre and Mississauga Lifecare. The goal of the program is to help avert unnecessary admissions to long-term care and to support adults to continue living independently at home as long as possible by bridging a gap between hospital and home care.

The program is working to improve the flow of patients from hospital to community, improve the health and quality of life for adults, particularly seniors, and make full use of existing long-term care capacity by utilizing available beds in a long-term care setting on a short-term basis.

Outcomes - 2008/09

- 147 admissions from hospital or other sources
- 80% discharged home
- Equivalent of 13.5 acute care beds made available

Placing patients' needs first

Collaborative initiative improves access to mental health inpatient beds

When Vivian Demian worked in child and adolescent mental health services at Trillium Health Centre, she consistently faced challenges locating inpatient beds for her young patients – children and youth up to the age of 18 years with significant mental health issues including schizophrenia, bipolar disorder, depression with suicidal thoughts, and severe anxiety.

With no such beds existing in Peel, it meant the busy outpatient programs at Trillium Health Centre and Credit Valley Hospital had to regularly look beyond the region's borders to other hospitals for these beds, a process that often took days, sometimes weeks to complete. When no beds were found, patients were admitted to the paediatric unit or adult mental health unit, settings that don't meet the specialized needs of this population. Not an ideal situation for these children in need nor for their families, already in crisis.

Little did Vivian know at the time that a career move to Halton Healthcare Services later down the road would change all that. After she assumed the position of Program Leader for Mental Health with Halton Healthcare Services, she and Dr. Alan Brown, Chief of Psychiatry and Director of Child & Adolescent Inpatient Psychiatry, set the wheels in motion for informal discussions between the child and adolescent mental health programs at Halton Healthcare Services, Trillium Health Centre and Credit Valley Hospital.

Those discussions resulted in making the 10-bed inpatient psychiatry unit for children and adolescents at Halton Healthcare Services' Oakville-Trafalgar Memorial Hospital a resource for all Mississauga Halton LHIN residents.

This improved access is indicative of the collaborative spirit that is being consistently demonstrated by health service providers within the Mississauga Halton LHIN to better support the needs of patients.

"It's the right thing to do for these kids," says Vivian who knows firsthand how important it is for these children to have timely access to inpatient care when they need it. "It's made a huge difference in how we manage the care of this vulnerable population in our communities."

IHSP Priority: Integrating Mental Health and Addictions Services

The vision for mental health and addictions services in the LHIN is to deliver a coordinated and accessible breadth of services that provide the flexibility of choice and independence for those living with mental illness or addictions. Our goal is to improve access to services and provide a better health care experience for patients and families within the LHIN.

This collaborative effort between Halton Healthcare Services, Trillium Health Centre and Credit Valley Hospital is indicative of the passion that mental health and addictions service providers have for realizing this vision.

Outcomes 2008/09

Halton Healthcare Services admitted 252 children and adolescents to this unit in 2008/09. Of these, 42 were from Mississauga.

Empowering individuals through self-management

Self-management involves empowering individuals and their families to play a central role in their health and healthcare and developing the knowledge, skills and self-efficacy to maximize their health and well-being while living with a chronic condition.

The Mississauga Halton LHIN recognizes the importance of supporting self-management as one of the cornerstones of the Ontario Chronic Disease Prevention and Management Framework and is implementing a multi-pronged strategy to build capacity for self- management among health care professionals and individuals (and their families) with chronic conditions.

Over the past year, 234 health care professionals have attended 18 workshops to increase their knowledge of the concepts of self-management and to obtain practical tools that will help them to incorporate self-management behaviours into their interactions with individuals with chronic conditions. Feedback from health professionals was unanimously positive.

The Mississauga Halton LHIN Self-Management strategy also provides the opportunity for individuals with chronic conditions (and their families) to attend a six-week chronic disease self-management course. Over the past year, more than130 individuals have attended eight courses, and these courses will continue to be available in 2009/10.

IHSP Priority: Chronic Disease Prevention & Management

Feedback from the Mississauga Halton LHIN's Self-Management workshops has been extremely positive. The following is a sample of the comments received from workshop participants:

"This program motivated me to make some positive changes in my life."

"I found that being able to talk and share with other people who were in the same boat helped me feel less isolated."

Supporting falls prevention for our seniors

Through the Aging at Home Strategy, the Mississauga Halton LHIN supported the implementation of progressive evidence-based, setting-appropriate, individually tailored activities to help individuals improve balance and strength and prevent falls. The program includes two key services:

Home Support Exercise Program (HSEP) - Developed by the Canadian Centre for Activity and Aging for frail and primarily homebound older adults, this is an evidence-based, in-home exercise program designed to help individuals improve and maintain functional fitness, mobility, balance and independence. This program requires no equipment or transportation, and uses existing home services (i.e. Community Care Access Centre referral, personal support workers, and friendly visitors).

Expansion of Credit Valley Hospital's Outpatient Falls Prevention Clinic – Designed to deliver a more comprehensive interdisciplinary program as well as more timely intervention (through a reduced wait list), this service is for seniors who have had many falls. Expanded services will address community integration and home safety.

IHSP Priority: Enhancing Seniors Health, Wellness and Quality of Life

Home Support Exercise Program (HSEP)	
# HSEP facilitators trained	18
# Staff trained in provision of HSEP	114

Falls Prevention Clinic	
# Unique clients	33
# Visits	278

"I enjoyed all aspects of the program. I was made aware of many situations to prevent falls." Clinic Participant

"The HSEP training was well received by the personal support workers we trained and they are looking forward to motivating their clients to exercise." HSEP Facilitator

Optimizing the LHIN's operational performance

The Mississauga Halton LHIN allocated all but a small fraction of its $1.09 billion budget to health service providers over the past year, making significant investments in aging at home, emergency wait time and appropriate level of care initiatives. We continue to be actively engaged in the funding and performance management of 77 health service providers.

Where possible, we also work to actively engage our community in engagement activities that lead to informed decision-making with regard to the funding of programs and services within the LHIN.

The LHIN's operating budget for the year and that of the LHIN's e-Health Office was $4.72 million. Our work is managed by three teams dedicated to Performance Management & Integration, Health System Development, and Finance and Risk Management.

Throughout the year, we maintained a lean but energetic team of 28 employees who actively facilitated collaboration amongst health care providers to help move LHIN initiatives forward.

Our work continues to be supported by the extended efforts of volunteer teams consisting of representatives from funded health service providers. Throughout the year, we make every effort to support our staff in leading health system change initiatives and are proud to promote a learning environment that focuses on continuous learning and professional development.

Mississauga Halton LHIN MLAA Performance Indicators 2008/09

Performance Indicator	LHIN 08/09 Starting Point	LHIN 08/09 Target	Most Recent Quarter 08/09*	Annual Results**	LHIN Met Target YES/NO
90th Percentile Wait Times for Cancer Surgery	60	55	55	51	YES
90th Percentile Wait Times for Cardiac Bypass Procedures	30	30	33	30	YES
90th Percentile Wait Times for Cataract Surgery	100	100	92	98	YES
90th Percentile Wait Times for Hip Replacement	182	182	160	183	YES
90th Percentile Wait Times for Knee Replacement	225	190	204	209	YES
90th Percentile Wait Times for Diagnostic MRI Scan	84	84	102	102	YES
90th Percentile Wait Times for Diagnostic CT Scan	42	38	40	37	YES
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	225.00	225.00	208.26	207.55	YES
Median Wait Time to Long-Term Care Home Placement - All Placements	72.00	70.00	95.00	96.00	NO
Percentage of Alternative Level of Care (ALC) Days - by LHIN of Institution	9.80	9.80	11.23	11.76	NO
Rate of Emergency Department Visits that could be Managed Elsewhere	7.27	6.96	6.41	6.23	YES
Readmission Rates for Acute Myocardial Infarction (AMI)	3.26	3.10	3.33	3.39	YES

* Performance indicators 1-7 = Q4 2008/09; and 8-12 = Q3 2008/09

** Performance indicators 8-12 (in the Annual Results Column) only include the average of Q1-3.

Investing in eHealth

The Mississauga Halton LHIN continues to build momentum in eHealth, building a local strategy that is completely aligned with the provincial eHealth Strategy.

Of particular significance this past year has been our work with the Community Care Sector. To support electronic workflow between providers and encourage online collaboration, the Mississauga Halton LHIN approved $125,000 in one-time funding in 2008/09 to develop a web-based Community Care Sector provider portal. This initiative is being led by the LHIN's new eHealth Coordinator.

The introduction of Blackberry functionality with one mail for the community sectors is also in the planning stages. Other eHealth initiatives underway include a Physician eHealth strategy and a Diabetes Readiness Assessment.

Mississauga Halton LHIN Directory

Our Staff

Mutiat Bello	Administrative Assistant
Judy Bowyer	Senior Lead, Performance & Integration
Bill Campbell	Director, Health System Development
Kim Delahunt	Manager, Communications & Community Engagement
Dwain Dolland	Special Projects Coordinator
Maria Fernandes	Program Assistant
Margaret Finnigan	Administrative Assistant to Chief Operating Officer
Andrew Hussain	Chief Information Officer
Angela Jacobs	Senior Lead, Performance & Integration
Roberta Lee	Senior Lead, Health System Development
Rob Low	Senior Lead, Performance & Integration
Bill MacLeod	Chief Executive Officer
Marco Marchitto	Planner
Shelley Martin	Reception
Karen McClure	MH LHIN eHealth Program Coordinator
Bill Ng	Senior Information Lead
Monita O'Connor	Director, Performance Improvement & Integration
Carol Osborne	Executive Assistant to Chief Information Officer
Priti Patel	Senior Lead, Health System Development
Mirella Semple	Financial Analyst
Narendra Shah	Chief Operating Officer
Dominic Sloan	Manager, Corporate Services
Susan Swartzack	Senior Lead, Health System Development
Sue Turcotte	Director, Finance & Risk Management
Henry Van Boxtel	PMO Lead
Kitty Varley	Executive Assistant to the CEO, Chair & Board of Directors
Heather Willis	Senior Lead, Performance Improvement & Integration
Paulette Zulianello	Senior Lead, Funding & Allocation

Health Service Providers Funded by the Mississauga Halton LHIN

Community Support Services

Acclaim Health and Community Care Services
Alzheimer Society of Peel
BALANCE – Blind Adults Learning About Normal Community Environment
The Canadian Hearing Society
Canadian National Institute for the Blind - CNIB – Ontario Division (Halton/Peel)
Canadian Red Cross – Peel Branch
City of Mississauga – Next Step to Active Living Program
The Corporation of the Town of Halton Hills
Dixie Bloor Neighborhood Drop-In Centre
Dorothy Ley Hospice Inc.
Forum Italia Community Services – MICBA
Halton Healthcare Corporation – Supportive Housing
Hospice of Peel Inc.
India Rainbow Community Services of Peel
Islington Centre – Etobicoke Senior Citizens
Ivan Franko Home
Joyce Scott Non-Profit Homes Inc.
Links2Care
Milton Meals on Wheels
Nucleus Independent Housing
Oakville Kiwanis Meals on Wheels
Oakville Senior Citizens Residence
Ontario March of Dimes – Peel
Peel Cheshire Homes Inc. (Streetsville)
Peel Halton Acquired Brain Injury Services
Peel Senior Link
Regional Municipality of Halton – Supportive Housing
S.E.N.A.C.A. Seniors Day Program
Seniors Life Enhancement Centres
Trillium Health Centre – CSS
Victorian Order of Nurses – Peel Branch
Wawel Villa Incorporated
Wesburn Manor – Toronto Long-Term Care Homes and Services

Hospitals

Credit Valley Hospital
Halton Healthcare Services Corporation
Trillium Health Centre

Community Care Access Centre

Mississauga Halton Community Care Access Centre

Long-Term Care Homes

Allendale – The Regional Municipality of Halton
Bennett Health Care Centre
Cawthra Gardens Long-Term Care Community
Dom Lipa Nursing Home (Slovenian Linden Foundation)
Erin Mills Lodge Nursing Home (Devonshire Erin Mills Inc.)
Extendicare – Halton Hills
Extendicare – Mississauga
Highbourne Lifecare Centre – The Royal Crest Lifecare Group Inc.
Labdara Lithuanian Nursing Home
Leisureworld Caregiving Centre – Mississauga
Leisureworld Caregiving Centre – Streetsville
Mississauga Lifecare Centre – The Royal Crest Lifecare Group Inc.
Mississauga Long-Term Care Facility
Northridge Long-Term Care Facility
Post Inn Village – The Regional Municipality of Halton
Sheridan Villa – Regional Municipality of Peel
Specialty Care Mississauga Road
Tyndall Nursing Home
Villa Forum Nursing Home – MICBA
Village of Erin Meadows – Oakwood Retirement
The Waterford Regency Care
The Wenleigh
Wesburn Manor – Toronto Long-Term Care Homes and Services
West Oak Village Long-Term Care Facility
The Westbury
Wyndham Manor – Halton Healthcare Services Corporation
Yee Hong Centre for Geriatric Care

Mental Health & Addiction

Canadian Mental Health Association – Halton Branch
Credit Valley – Community Mental Health
Grace House Group Home
Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT)
Halton Healthcare Services Corporation – Community Mental Health
Halton Recovery House & Hope Place Women's Treatment Centre
North Halton Mental Health Clinic
Summit House
Support & Housing – Halton
Supported Training and Rehabilitation in Diverse Environments (STRIDE)
The Peel Addiction Assessment and Referral Centre
Trillium Health Centre – Community Mental Health

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Auditors' Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the statement of financial position of the Mississauga Halton Local Health Integration Network (the "LHIN") as at March 31, 2009 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Mississauga Halton Local Health Integration Network as at March 31, 2009 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 1, 2009

Mississauga Halton
Local Health Integration Network
Statement of financial position
as at March 31, 2009

	2009	2008
	$	$
Financial assets		
Cash	**762,774**	965,931
Accounts receivable	**6,139**	7,240
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**11,562,400**	1,470,510
	12,331,313	2,443,681
Liabilities		
Accounts payable and accrued liabilities	**759,369**	615,753
Accounts payable HSPs transfer payments (Note 3)	**11,562,400**	1,470,510
Due to MOHLTC (Note 4b)	**18,279**	356,942
Due to the LHIN Shared Services Office (Note 5)	**7,494**	1,844
Deferred capital contributions (Note 6)	**283,777**	377,803
	12,631,319	2,822,852
Commitments (Note 7)		
Net debt	**(300,006)**	(379,171)
Non-financial assets		
Prepaid expenses	**16,229**	1,368
Capital assets (Note 8)	**283,777**	377,803
	300,006	379,171
Accumulated surplus	-	-

Approved by the Board

Director

Director

Mississauga Halton
Local Health Integration Network

Statement of financial activities
year ended March 31, 2009

	Budget (unaudited) (Note 9)	2009 Actual	2008 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 3)	1,038,572,353	1,090,153,327	1,021,374,251
Operations of LHIN	4,184,601	4,018,491	3,403,678
Other funding initiatives (Note 12)	-	538,300	577,300
Amortization of deferred capital contributions (Note 6)	-	260,135	185,747
	1,042,756,954	1,094,970,253	1,025,540,976
Expenses			
Transfer payments to HSPs (Note 3)	1,038,572,353	1,090,153,327	1,021,374,251
General and administrative (Notes 10 and 11)	4,184,601	4,272,383	3,582,718
Other funding initiatives (Note 12)	-	526,264	513,902
	1,042,756,954	1,094,951,974	1,025,470,871
Annual surplus before funding repayable to the MOHLTC	-	18,279	70,105
Funding repayable to the MOHLTC (Note 4a)	-	(18,279)	(70,105)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Mississauga Halton
Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2009

	2009	2008
	$	$
Annual surplus	-	-
Acquisition of capital assets	**(166,109)**	(34,255)
Amortization of capital assets	**260,135**	185,747
Change in other non-financial assets	**(14,861)**	(1,093)
Decrease in net debt	**79,165**	150,399
Opening net debt	**(379,171)**	(529,570)
Closing net debt	**(300,006)**	(379,171)

Mississauga Halton
Local Health Integration Network

Statement of cash flows
year ended March 31, 2009

	2009	2008
	$	$
Operating		
Annual surplus	-	-
Add item not affecting cash		
Amortization of capital assets	**260,135**	185,747
Less items not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(260,135)**	(185,747)
	-	-
Changes in non-cash operating items		
(Increase) decrease in accounts receivable and prepaid expenses	**(13,760)**	14,107
Increase in accounts receivable MOHLTC transfer payments to HSPs	**(10,091,890)**	(1,470,510)
Increase in accounts payable and accrued liabilities	**143,616**	299,579
Increase in accounts payable HSPs transfer payments	**10,091,890**	1,470,510
(Decrease) increase in due to the MOHLTC	**(338,663)**	70,105
Increase (decrease) in due to the LHIN Shared Services Office	**5,650**	(82,821)
	(203,157)	300,970
Capital transactions		
Acquisition of capital assets	**(166,109)**	(34,255)
Financing transactions		
Capital contributions (Note 6)	**166,109**	34,255
Net (decrease) increase in cash	**(203,157)**	300,970
Cash, beginning of year	**965,931**	664,961
Cash, end of year	**762,774**	965,931

Mississauga Halton
Local Health Integration Network

Notes to the financial statements
March 31, 2009

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2009.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and impairment in the value of assets.

Cash

Cash includes cash on hand and balances with banks.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the Health Service Providers ("HSPs"). The cash associated with the transfer payment does not flow through the LHIN bank account. For fiscal 2009, the Financial Management Branch of the MOHLTC conducted a rebalancing of Long Term Care Funding to reflect actual usage and occupancy.

The LHIN statements do not include any MOHLTC managed programs.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end. Due to the inability to quantify by year end, the dollar value of surplus funding provided to certain HSPs, these recoverable amounts are not reflected in these statements but will be recovered in the subsequent year.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values.

2. Significant accounting policies (continued)

Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,090,153,327 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2009 as follows:

	2009	2008
	$	$
Operation of hospitals	**758,587,369**	713,531,254
Long term care homes	**156,925,812**	146,611,154
Community care access centres	**108,664,824**	101,685,286
Community support services	**23,241,082**	20,785,560
Assisted living services in supportive housing	**16,081,404**	13,499,138
Community mental health	**22,671,891**	21,436,214
Addictions program	**3,980,945**	3,825,645
	1,090,153,327	1,021,374,251

March 31, 2009, an amount of $11,562,400 (2008 - $1,470,510) was receivable from the MOHLTC and $11,562,400 (2008 - $1,470,510) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above.

New investment decisions targeting various initiatives such as the Aging At Home strategy, reduction in emergency room wait times, etc. are included in the above transfer payments to HSPs.

4. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a. The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2009 surplus	2008 surplus
	$	$	$	$
Transfer payments to HSPs	**1,090,153,327**	**1,090,153,327**	-	-
LHIN operations	**4,278,626**	**4,272,383**	**6,243**	6,707
E-Health	**425,000**	**425,000**	-	-
Aging at Home	-	-	-	63,398
ED Lead / ER/ALC Performance Lead	**108,300**	**96,264**	**12,036**	-
Aboriginal engagment	**5,000**	**5,000**	-	-
	1,094,970,253	**1,094,951,974**	**18,279**	70,105

b. The amount due to the MOHLTC at March 31 is made up as follows:

	2009	2008
	$	$
Due to MOHLTC, beginning of year	**356,942**	286,837
Funding repayable to the MOHLTC related to current year activities (Note 4a)	**18,279**	70,105
Amount recovered by the MOHLTC during the year	**(356,942)**	-
Due to MOHLTC, end of year	**18,279**	356,942

5. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

6. Deferred capital contributions

	2009	2008
	$	$
Balance, beginning of year	**377,803**	529,295
Capital contributions received during the year	**166,109**	34,255
Amortization for the year	**(260,135)**	(185,747)
Balance, end of year	**283,777**	377,803

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next four years are as follows:

2010	226,831
2011	177,521
2012	26,774
2013	11,447

The LHIN also has funding commitments to certain HSPs associated with accountability agreements allocating planning targets for fiscal 2010 and 2011. The actual amounts which will ultimately be paid are contingent upon LHIN funding received from the MOHLTC.

8. Capital assets

			2009	2008
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**124,827**	**61,601**	**63,226**	40,373
Computer equipment	**23,645**	**13,134**	**10,511**	2,625
Web development	**24,288**	**21,038**	**3,250**	11,347
Leasehold improvements	**880,162**	**673,372**	**206,790**	323,458
	1,052,922	**769,145**	**283,777**	377,803

9. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget at April 1, 2008. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

9. Budget figures (continued)

The final HSP funding budget of $1,090,153,327 as at March 31, 2009 is made up of the following:

	$
Initial budget	**1,038,572,353**
Adjustments due to announcements made during the year	**51,580,974**
Final budget	**1,090,153,327**

The final operating budget of $4,722,901 as at March 31, 2009 is made up of the following:

	$
Initial budget	**4,184,601**
Additional funding received during the year for:	
E-Health	**425,000**
ED Lead / ER/ALC Performance Lead	**108,300**
Aboriginal engagement	**5,000**
Final budget	**4,722,901**

10. General and administrative expenses

The Statement of Financial Activities presents the expenses by function, the following classifies these same expenses by object:

	2009	2008
	$	$
Salaries and benefits	**2,632,252**	2,211,362
Occupancy	**252,513**	189,716
Amortization	**260,135**	185,747
Shared services	**300,000**	300,000
Integrated Health Service Plan	**23,720**	-
Engagement with Stakeholders	**143,652**	139,397
Professional fees	**56,820**	129,122
Supplies	**39,577**	25,316
Board member expenses	**182,181**	162,087
Board development	**54,355**	32,925
Mail, courier and telecommunications	**58,845**	49,886
Staff travel	**24,462**	23,253
Recruitment	**6,138**	58,034
Other	**237,733**	75,873
	4,272,383	3,582,718

For fiscal 2009, Board member expenses include $171,175 per diems and $11,006 travel costs. Within the Other expense for fiscal 2009, an amount of $140,000 relates to the E-health initiative to further the LHIN wide e-health strategy.

11. Consulting fees

Within the Salaries and benefits, Integrated Health Service Plan, Engagement with Stakeholders, Recruitment, Professional fees and Board development costs itemized in Note 10, approximately $209,773 (2008 - $339,657) were procured through consultants.

12. Other funding initiatives

During fiscal 2009, the Mississauga Halton LHIN received $538,300 (2008 - $577,300) in funding from the MOHLTC and spent $526,264 (2008 - $513,902). These funds were used toward initiatives in support of its strategic E-Health Plan, ED Lead, ER/ALC Performance Lead funding and Aboriginal engagement as defined in its Integrated Health Services Plan.

The net unspent amount of $12,036 (2008 - $63,398) (Note 4a) is payable to the MOHLTC.

13. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2009 was $201,268 (2008 - $164,872) for current service costs and is included as an expense in the Statement of Financial Activities.

14. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act.* As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act.*

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Leading local health system integration

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